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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	501070.20511
	<b>First Named Inventor</b>	Edward F. Ikeguchi
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/ To be Assigned
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR CONTINUOUS ANALYSIS OF AN ONGOING CLINICAL TRIAL

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

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OR ☒

Correspondence address below

Name William H. Dippert

Address Reed Smith LLP

Address 599 Lexington Avenue, 29th Floor

City New York

State New York

ZIP 10022

Country US

Telephone 212-521-5400

Fax 212-521-5450

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Edward F.

Family Name  
or Surname Ikeguchi

Inventor's  
Signature

Date

Residence: City New York

State NY

Country US

Citizenship US

Mailing Address 36 Blossom Terrace

Mailing Address

City Larchmont

State New York

ZIP 10538

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Glen M.

Family Name  
or Surname deVries

Inventor's  
Signature

Date

Residence: City New York

State NY

Country US

Citizenship US

Mailing Address 160 Bleecker Street

Mailing Address Apartment 10LW

City New York

State New York

ZIP 10012

Country US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)

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## DECLARATION

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Tarek A.		Sherif	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
New York	NY	US	US
Mailing Address 350 East 79th Street			
Mailing Address Apartment 30A			
City	State	ZIP	Country
New York	New York	10021	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	To Be Assigned
Filing Date	
First Named Inventor	Edward F. Ikeguchi
Title	System and Method For Continuous Analysis, etc.
Group Art Unit	
Examiner Name	
Attorney Docket Number	501070.20511

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
William H. Dippert	26,723

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☒ Firm or  
Individual Name

Reed Smith LLP

Address

599 Lexington Avenue

Address

29th Floor

City

New York

State

New York

Zip

10022

Country

US

Telephone

212-521-5408

Fax

212-521-5450

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Edward F. Ikeguchi

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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<input checked="" type="checkbox"/> Firm or Individual Name	Reed Smith LLP				
Address	599 Lexington Avenue				
Address	29th Floor				
City	New York	State	New York	Zip	10022
Country	US				
Telephone	212-521-5408	Fax	212-521-5450		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
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### SIGNATURE of Applicant or Assignee of Record

Name	Glen M. deVries
Signature	
Date	

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☐ \*Total of \_\_\_\_\_ forms are submitted.

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	<b>Examiner Name</b>	
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Name	Registration Number
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Address	599 Lexington Avenue				
Address	29th Floor				
City	New York	State	New York	Zip	10022
Country	US				
Telephone	212-521-5408	Fax	212-521-5450		

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	Tarek A. Sherif
Signature	
Date	

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